



Request for Training Extension

Please submit this form to:

Fax KLECS at: (859)-622-5943
OR Email KLECS: KLECS@ky.gov

Matthew G. Bevin / Governor

John C. Tilley / Secretary

Wm. Alex Payne / Commissioner

Fran D. Root / Executive Director KLECS

Name: (Last, First, Middle Initial)		DOB or Academy ID#:
Agency/Department:		Mailing Address:
The following are the only circumstances provided in the rules for which extensions can be granted. Please check one:		Please describe the circumstance for which your extension should be granted:
<input type="checkbox"/> Serious Illness <input type="checkbox"/> Agency Emergency <input type="checkbox"/> Serious Injury <input type="checkbox"/> Personal Tragedy <input type="checkbox"/> Active Military Service <input type="checkbox"/> Other		
Identify the functions(s) for which extension is being granted:		
<input type="checkbox"/> Court Security Officer - In-Service <input type="checkbox"/> Court Security Officer - Basic Training <input type="checkbox"/> Law Enforcement Officer - In-Service <input type="checkbox"/> Law Enforcement Officer - Basic Training <input type="checkbox"/> Telecommunicator - In-Service <input type="checkbox"/> Telecommunicator - Basic Training		
Date of proposed training to meet requirement: _____		
Signature of Agency Head or Designee _____		
Printed Name of Agency Head or Designee _____		
KLECS use only:		
Extension request is: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/conditions: <input type="checkbox"/> Not in compliance w/rules		
Extension Date: _____		
Department of Criminal Justice Representative: _____		Date: _____

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